

County: Brown
 ODD FELLOW HOME
 1229 S JACKSON ST
 GREEN BAY 54301

Phone: (920) 437-6523
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 82
 Total Licensed Bed Capacity (12/31/04): 82
 Number of Residents on 12/31/04: 77

Ownership: Non-Profit Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 79

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years	45.5
Supp. Home Care-Personal Care	No	Developmental Disabilities	2.6	Under 65	3.9	More Than 4 Years	14.3
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	18.2	65 - 74	13.0		-----
Day Services	No	Mental Illness (Other)	2.6	75 - 84	35.1		100.0
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.3	*****	
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.8	Full-Time Equivalent	
Adult Day Health Care	No	Cancer	1.3		-----	Nursing Staff per 100 Residents	
Congregate Meals	No	Fractures	1.3		100.0	(12/31/04)	
Home Delivered Meals	No	Cardiovascular	13.0	65 & Over	96.1	-----	
Other Meals	No	Cerebrovascular	15.6		-----	RNs	8.6
Transportation	No	Diabetes	2.6	Gender	%	LPNs	5.4
Referral Service	No	Respiratory	2.6		-----	Nursing Assistants,	
Other Services	Yes	Other Medical Conditions	40.3	Male	22.1	Aides, & Orderlies	
Provide Day Programming for				Female	77.9	45.9	
Mentally Ill	No		-----		-----		
Provide Day Programming for			100.0		-----		
Developmentally Disabled	No				100.0		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	3	5.8	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.9
Skilled Care	4	100.0	297	46	88.5	121	0	0.0	0	21	100.0	144	0	0.0	0	0	0.0	0	71	92.2
Intermediate	---	---	---	3	5.8	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		52	100.0		0	0.0		21	100.0		0	0.0		0	0.0		77	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	9.9	Bathing	1.3	57.1	41.6	77
Private Home/With Home Health	0.0	Dressing	14.3	71.4	14.3	77
Other Nursing Homes	1.1	Transferring	19.5	64.9	15.6	77
Acute Care Hospitals	87.9	Toilet Use	18.2	37.7	44.2	77
Psych. Hosp.-MR/DD Facilities	0.0	Eating	58.4	32.5	9.1	77
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.1	Continence		%	Special Treatments	%
Total Number of Admissions	91	Indwelling Or External Catheter	6.5		Receiving Respiratory Care	5.2
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	44.2		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	28.7	Occ/Freq. Incontinent of Bowel	35.1		Receiving Suctioning	0.0
Private Home/With Home Health	2.1				Receiving Ostomy Care	2.6
Other Nursing Homes	3.2	Mobility			Receiving Tube Feeding	1.3
Acute Care Hospitals	12.8	Physically Restrained	1.3		Receiving Mechanically Altered Diets	28.6
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	74.0
Other Locations	6.4	With Pressure Sores	10.4		Medications	
Deaths	46.8	With Rashes	1.3		Receiving Psychoactive Drugs	49.4
Total Number of Discharges (Including Deaths)	94					

 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.3	92.7	1.04	89.0	1.08	90.5	1.07	88.8	1.08
Current Residents from In-County	84.4	84.6	1.00	81.8	1.03	82.4	1.02	77.4	1.09
Admissions from In-County, Still Residing	29.7	20.5	1.45	19.0	1.56	20.0	1.48	19.4	1.53
Admissions/Average Daily Census	115.2	153.0	0.75	161.4	0.71	156.2	0.74	146.5	0.79
Discharges/Average Daily Census	119.0	153.6	0.77	163.4	0.73	158.4	0.75	148.0	0.80
Discharges To Private Residence/Average Daily Census	36.7	74.7	0.49	78.6	0.47	72.4	0.51	66.9	0.55
Residents Receiving Skilled Care	96.1	96.9	0.99	95.5	1.01	94.7	1.02	89.9	1.07
Residents Aged 65 and Older	96.1	96.0	1.00	93.7	1.03	91.8	1.05	87.9	1.09
Title 19 (Medicaid) Funded Residents	67.5	54.6	1.24	60.6	1.11	62.7	1.08	66.1	1.02
Private Pay Funded Residents	27.3	32.6	0.84	26.1	1.04	23.3	1.17	20.6	1.33
Developmentally Disabled Residents	2.6	0.5	5.33	1.0	2.52	1.1	2.32	6.0	0.43
Mentally Ill Residents	20.8	37.4	0.56	34.4	0.60	37.3	0.56	33.6	0.62
General Medical Service Residents	40.3	20.2	1.99	22.5	1.79	20.4	1.97	21.1	1.91
Impaired ADL (Mean)	51.7	50.1	1.03	48.3	1.07	48.8	1.06	49.4	1.05
Psychological Problems	49.4	58.4	0.84	60.5	0.82	59.4	0.83	57.7	0.86
Nursing Care Required (Mean)	6.2	7.0	0.89	6.8	0.90	6.9	0.90	7.4	0.83